

ENROLMENT FORM

Name of Centre _____

PLEASE USE BLOCK CAPITALS (the name you provide will appear on any certificates.)

Section 1 PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other _____ Male Female

Last Name: _____ First Name(s): _____

Address: _____
 _____ Postcode: _____

Date of Birth: DD/MM/YYYY Age on first day of learning _____

Tel. No.: (day) _____ (eve) _____ Emergency _____

Mobile _____ Email: _____

Enter details of the course/s you wish to study below

Course Code	Course Title	Start Date	Fee £

Skills Funding Agency /Education Funding Agency Funding Status
 Have you been legally resident in the UK/EU for the last 3 years other than for education? Yes No

Section 2 EMPLOYMENT STATUS ON FIRST DAY OF LEARNING

Please tick all boxes that describes your status

- | | |
|--|---|
| <input type="checkbox"/> Employed for 20+ hours per week
<input type="checkbox"/> Employed for 16-19 hours per week
<input type="checkbox"/> Employed for less than 16 hours per week
<input type="checkbox"/> Self Employed
<input type="checkbox"/> Not in paid employment, looking for work and available for work
<input type="checkbox"/> Not in paid employment and not looking for work
<input type="checkbox"/> Unemployed for less than 6 months
<input type="checkbox"/> Unemployed for 6-11 months | <input type="checkbox"/> Unemployed for 12-23 months
<input type="checkbox"/> Unemployed for 24-35 months
<input type="checkbox"/> Unemployed for over 36 months
<input type="checkbox"/> In receipt of Job Seekers Allowance
<input type="checkbox"/> In receipt of Employment Support Allowance(ESA WRAG)
<input type="checkbox"/> In receipt of a state benefit other than JSA, ESA (WRAG) or Universal Credit*
<input type="checkbox"/> In receipt of Universal Credit
<input type="checkbox"/> In full-time education or training |
|--|---|

*A full list of eligible state benefits is available on request.

Proof of Benefit/Status is required and needs to be shown to appropriate staff member at time of enrolment.

Section 3**QUALIFICATIONS**

Please indicate qualifications already achieved. Tick all that apply.

- | | |
|---|---|
| <input type="checkbox"/> No previous qualifications (None) | <input type="checkbox"/> 5 or more GCSEs grades A-C or equivalent (NVQ Level 2) (Level 2) |
| <input type="checkbox"/> Entry Level (Entry) | <input type="checkbox"/> 1 A Level (or 2 AS levels) or equivalent (Level 2) |
| <input type="checkbox"/> NVQ Level 1 (eg. CLAIT, ECDL part 1) (Level 1) | <input type="checkbox"/> 2 A Levels or equivalent (Level 3) |
| <input type="checkbox"/> 1-4 GCSEs grades A-C or equivalent (Level 1) | <input type="checkbox"/> NVQ Level 3 (Level 3) |
| <input type="checkbox"/> GCSE English grade A-C or equivalent (Level 1) | <input type="checkbox"/> Degree (Level 4) |
| <input type="checkbox"/> GCSE Maths grade A-C or equivalent (Level 1) | |

Section 4**24+ ADVANCED LEARNING LOAN**

- I am applying for a 24+ Advanced Learning Loan

Section 5**UNIQUE LEARNER NUMBER**

If you have been issued with a Unique Learner Number please provide it here, otherwise we will obtain one on your behalf from the Learner Registration Service.

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For Office Use - Residency

Evidence seen

Checked by _____

Date _____

For Office Use - Fee Remission / LSF

Evidence seen

I have seen the appropriate evidence and am satisfied that the person is entitled to fee remission / Learner Support Fund claimed.

- Eligible for full fee remission
- Eligible for part fee remission
- Non-funded learner
- Student Loan

Staff signature _____ Date _____

Section 6 ETHNICITY

Please tick the one box that describes your ethnic origin most closely.

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background

Mixed / Multiple ethnic group

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Other ethnic group

- Arab
- Any other ethnic group
- Not known / not provided

Section 7 SEXUAL ORIENTATION

- Bisexual
- Gay (Female) / Lesbian
- Gay (Male)
- Heterosexual / Straight
- Prefer not to say
- Other

Section 8 RELIGION OR BELIEF

How would you define your religion or belief?

- Bahai
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Atheist
- No Religion
- Prefer not to say
- Other

Section 9 ADDITIONAL LEARNING SUPPORT

If you think you may need additional learning support or special arrangements in exams or assessments please contact the Additional Support Co-ordinator before you enrol on 0116 454 1853.

Would you like us to contact you to discuss your needs? Yes No

Would you like us to inform your tutor of your needs? Yes No

Do you have any difficulties or disabilities that may affect your learning?

No Yes please specify

Disabled

- Visual Impairment
- Hearing Impairment
- Disability affecting Mobility
- Other Physical Disability
- Other Medical Condition
- Emotional / Behavioural difficulties
- Mental Ill Health
- Temporary Disability after illness
- Profound / Complex Disabilities
- Aspergers Syndrome
- Multiple Disabilities

Learning Difficulties

- Moderate learning difficulties
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Autism Spectrum Disorder
- Multiple learning difficulty
- Other learning difficulty
- Not known / info not provided

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities and has lasted or is likely to last at least 12 months. Since 2005 people with HIV, Cancer, Multiple sclerosis and severe disfigurement are covered by the DDA.

You have the right **NOT** to disclose your disability (including learning difficulties) but this may mean we will not be able to provide you with relevant support.

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding (“the Agency”) and, when needed, the Department for Education, including the Education Funding Agency to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency’s Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/documentlibrary/documents> (select Code of Practice for sharing of personal information)

Can we contact you? If no, please tick all appropriate below

- I do not wish to be contacted about courses or learning opportunities
- I do not wish to be contacted for surveys and research
- Do not contact me by Post
- Do not contact me by Phone
- Do not contact me by Email

Signed (Learner)

Date.....

Staff signature

Date _____

EF 2013